

FILED, Clerk of the Appellate Division, August 10, 2021, A-003324-19, M-006229-20

Exhibit # 1A

ORDER ON MOTION  
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YOEL GRUEN  
V.  
AHUVA GRUEN

SUPERIOR COURT OF NEW JERSEY  
APPELLATE DIVISION  
DOCKET NO. A-003324-19  
MOTION NO. M-006229-20  
BEFORE PART L  
JUDGE(S): CARMEN MESSANO

MOTION FILED: 07/16/2021

BY: YOEL GRUEN

ANSWER(S)  
FILED:

SUBMITTED TO COURT: August 05, 2021

ORDER  
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THIS MATTER HAVING BEEN DULY PRESENTED TO THE COURT, IT IS, ON THIS 9th day of August, 2021, HEREBY ORDERED AS FOLLOWS:

MOTION BY APPELLANT


MOTION TO EXTEND TIME TO FILE  
APPELLANT'S BRIEF UNTIL OCTOBER  
14, 2021

GRANTED IN PART

SUPPLEMENTAL:

Appellant has already received 127 days of time to file his brief. The brief is now due September 17, 2021. There shall be no further extensions. If the brief is not filed by September 17, 2021, the appeal shall be dismissed on the court's motion and without further notice.

FOR THE COURT:



CARMEN MESSANO, P.J.A.D.

 Reply
  Delete
  Junk
  Block

## Re: [External]combined

PM

Pamela Marsh <pamela.marsh@njcourts.gov>

Mon 9/13/2021 7:08 AM

To: joel gruen

Cc: Joel Gruen

Good morning Mr. Gruen,

Per the 8/10/21 order, 'The brief is now due September 17, 2021. There shall be no further extensions. If the brief is not filed by September 17, 2021, the appeal shall be dismissed on the court's motion and without further notice.'

Thank you,

Pamela Marsh, Case Manager

Superior Court of New Jersey - Appellate Division Team 2

25 Market Street

P.O. Box 006

Trenton, NJ 08625

Direct: (609) 815 2950 Ext. 52670

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**From:** joel gruen <joelgruen@hotmail.com>

**Sent:** Sunday, September 12, 2021 1:04 AM

**To:** Pamela Marsh <pamela.marsh@njcourts.gov>

**Cc:** Joel Gruen <joelgruen94@gmail.com>

**Subject:** Re: [External]combined

This wednesday night is yom Kippur the printer who does in 2 days minimum to make booklets is closed Wednesday and Thursday do to jewish day of atonement the holliest jewish holiday of the year if you can't review this before tuesday there is no time to correct or give in on Wednesday therefore i need a extention should i file for a extention ?

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**From:** Pamela Marsh <pamela.marsh@njcourts.gov>

**Sent:** Friday, September 10, 2021, 1:00 PM

**To:** joel gruen

**Subject:** RE: [External]combined

Mr. Gruen,

I cannot open the document.



Patient Name Age DOB Gender Race  
GRUEN, YOEL 44 yrs 11/03/1976 Male White  
Allergies: No Known Drug Allergy

Insurance Admitting Weight Height Medical Record Account  
UNITED HEALTHCARE 130.63kg 152.40cm 739885 421517173  
Reg. Date 09/09/2021 15:35 Room ED:ED#16-  
Adm. Date 09/09/2021 15:35

## Diagnostic Results

Diagnostic Name	Ordered By	Ordered	Collected	Received	Resulted	Reviewed	Reviewed By
CT Chest WO Cont	Stockton, John	09/09/2021 16:22	09/09/2021 16:22		09/09/2021 18:39	09/09/2021 18:35	Stockton, John

### Result Interpretation

Status: F

Accession # 4209409

Description: CT Chest WO Cont--  
Result: SEE COMMENTS SECTION

CT CHEST W/O 9.9.2021

History: 44 years old Male with chief complaint of cough.

Technique: Helical acquisition was obtained from lung apices through the adrenal glands, reformatted and reviewed in thin section axial, coronal and sagittal planes. One or more of the following dose reduction techniques were utilized: Automated exposure control, adjustment of the mA and/kV according to patient size, and use of iterative reconstruction technique.

CTDI volume mGy

Total exam DLP mGy-cm

Comparison: None.

Findings: There is no evidence of dominant breast mass, axillary or supraclavicular adenopathy. Visualized portions of the thyroid gland appear unremarkable without submanubrial extension.

Mediastinal structures are midline. Cardiac chambers are normally sized. The aorta is normally calibered. Pulmonary arterial segments are normally calibered. No pericardial effusion is seen. There is no evidence of mediastinal or gross hilar adenopathy.

No pleural effusion is seen. The tracheobronchial tree is patent without bronchial mural thickening. No bronchiectasis is seen. Pulmonary vasculature is normal. No alveolar infiltrate. Small peripheral groundglass infiltrate in the right lung base

Visualized portions of the liver, spleen, biliary tract, pancreas, adrenal glands, kidneys and bowel are within normal limits.

No osseous destructive lesion is seen.

### IMPRESSION:

r/o covid pneumonia as above.

For an incidental finding of a thyroid nodule <1.0 cm, follow-up imaging is not to be recommended, unless clinically indicated.


For an incidental finding of a liver lesion <0.5 cm, cystic kidney lesion <1.0 cm or adrenal lesion <1.0 cm, follow-up imaging is not to be recommended, unless clinically indicated.


Electronically Signed By: Joseph Habert on 9/9/2021 6:36 PM



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## Medication List

 For your privacy, any medications your clinician marked as private are not included in this list. This message appears even if the list is complete. If you have any questions about a medication you don't see here, contact your doctor.

	Morning	Afternoon	Evening	Bedtime	As Needed
<b>ADVAIR DISKUS</b> 250-50 mcg/dose diskus inhaler Inhale 1 Puff into the lungs 2 (two) times a day. Generic drug: fluticasone propion-salmeterol					
<b>albuterol</b> 90 mcg/actuation inhaler Commonly known as: PROVENTIL HFA; VENTOLIN HFA Inhale 2 Puffs into the lungs every 6 hours as needed for Wheezing.					
<b>amantadine</b> 100 mg tablet Commonly known as: SYMMETREL Take 100 mg by mouth daily.					
<b>ARIPiprazole</b> 10 mg disintegrating tablet Commonly known as: ABILIFY Take 30 mg by mouth daily.					
<b>diphenhydrAMINE</b> 50 mg capsule Commonly known as: BENADRYL Take 50 mg by mouth 4 times daily as needed.					
<b>FLUoxetine</b> 10 mg tablet Commonly known as: PROzac Take 40 mg by mouth daily.					
<b>gabapentin</b> 300 mg capsule Commonly known as: NEURONTIN Take 300 mg by mouth 3 (three) times daily.					
<b>mirtazapine</b> 7.5 mg tablet Commonly known as: REMERON Take 15 mg by mouth nightly.					
 <b>nicotine</b> 7 mg/24 hr transdermal patch Commonly known as: NICODERM CQ Start taking on: July 29, 2021 Place 1 Patch onto the skin daily. Apply a new patch, to non-hairy, dry skin on upper body or upper outer arm; alternate sites					
<b>oxybutynin</b> 15 mg CR tablet Commonly known as: DITROPAN XL Take 15 mg by mouth daily.					



START



Morning Afternoon Evening Bedtime As Needed



START

**predniSONE** 20 mg tablet

Commonly known as: DELTASONE

Take 1 tablet by mouth daily for 5 days.

**PROTONIX** 20 mg tablet

Take 40 mg by mouth daily before breakfast.

Generic drug: pantoprazole

**traMADoL** 50 mg tablet

Commonly known as: ULTRAM

Take 50 mg by mouth every 6 hours as needed.

## Where to pick up your medications

**Pick up these medications at Luna Park Pharmacy 2875 West 8th St, Brooklyn, NY  
11224-3632 718-946-5444 718-946-5355**

- nicotine
- predniSONE

Address: 2875 West 8th St Ste 2, Brooklyn NY 11224-3632  
Phone: 718-946-5444

## Sign Up for MyChart at NYU Langone

- Download the NYU Langone Health app on the **App Store** or **Google Play** to stay connected to your care anytime and anywhere.
- Sign in with your NYU Langone Health MyChart account username and password.
- You can schedule appointments, view test results, request prescription refills, send secure messages to your providers, have a virtual urgent care visit, and more.





# OCEAN RADIOLOGY

3049 OCEAN PARKWAY, SUITE 101, BROOKLYN, NY 11235  
TEL: 718-265-1000, FAX: 718-265-1002

PATIENT: YOEL GRUEN  
DOB: 11/03/1976  
PHYSICIAN: Alexey Migirov, MD  
EXAM DATE: 04/14/2021

## MRI OF THE RIGHT KNEE

INDICATION: Pain.

TECHNIQUE: Multiple T1 and T2 weighted MRI images of the right knee were obtained in the axial, sagittal and coronal planes without intravenous contrast.

FINDINGS: There are no acute fractures, dislocations, destructive bony lesions or marrow infiltration in the distal femur, proximal tibia, fibula and the patella. The patellar retinacula are intact. The distal quadriceps tendon, the patellar tendon, the fibular collateral ligaments and the iliotibial band are intact. The ACL and the PCL are intact. There is no joint effusion. There are no masses or fluid collections. The adjacent musculature is intact without strains, atrophy or fatty infiltration.

Anterior subcutaneous soft tissue swelling and edema, consistent with recent trauma, in an appropriate clinical setting. There is horizontal tear of the anterior horn of the lateral meniscus and body of the medial meniscus. There is an approximately 3.0 x 2.0 x 1.0 cm Baker's cyst.

## IMPRESSION:

1. Horizontal tear of the anterior horn of the lateral meniscus and body of the medial meniscus.
2. Anterior subcutaneous soft tissue swelling and edema, consistent with recent trauma, in an appropriate clinical setting.
3. 3.0 cm Baker's cyst.

Electronically Signed by  
Steven B Losik, MD  
Board Certified Radiologist  
Electronically Signed - At This Time 04/19/21 11:45



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# OCEAN RADIOLOGY

3049 OCEAN PARKWAY, SUITE 101, BROOKLYN, NY 11235  
TEL 718-265-1000, FAX 718-265-1002

PATIENT: YOEL GRUEN  
DOB: 11/03/1976  
PHYSICIAN: Galina Kletsman, MD  
EXAM DATE: 02/03/2021

## RADIOGRAPHS OF THE CHEST

**TECHNIQUE:** PA and lateral views were performed.

**INDICATION:** Cough, shortness of breath.

**FINDINGS:** The heart size is normal. The trachea is midline. There is no paratracheal or hilar lymphadenopathy. There are no acute infiltrates, focal consolidations, nodules, masses, pleural effusions or pneumothorax. There are increased interstitial lung markings. The skeletal system appearance is consistent with patient's age.

## IMPRESSION:

1. No acute infiltrates, focal consolidations, nodules, masses, pleural effusions or pneumothorax.
2. Increased interstitial lung markings suggestive of bronchitis, COPD, interstitial lung disease or viral lower airway disease, in an appropriate clinical setting.

Electronically Signed by  
Steven B Losik, MD  
Board Certified Radiologist  
Electronically Signed - At This Time 02/05/21 15:05

*Stelle*



1H

**Montefiore | Nyack**160 North Midland Avenue  
Nyack, NY, 10960  
(845)348-2345

Print Date: 10/08/2020

Print Time: 05:58 PM

Page: 1/3

Patient Name: YOEL GRUEN

DOB: 11/03/1976

Age: 43 Yrs

Sex: Male

Chart #: 5058065

Date of Service: 10/08/2020

Medical Record #: 1146804

**AFTERCARE INSTRUCTIONS**

Important: The emergency medical care you received today has been directed towards treatment of your acute condition. Such treatment is not meant to be a substitute for your continuing, comprehensive health care. You must therefore contact your doctor, or the doctor whose name was given today, and let him/her know about your problem today, and the testing and/or treatment you received. That doctor should see you in for a follow-up visit and reevaluate your condition and overall health, with special attention to a review of any lab tests, images, or EKGs done today. If you had any specialized tests, such as EKG's or X-Rays, they will be reviewed and you will be contacted if there is any additional information.

We want to make sure you were happy with the care in the Emergency Department today. You may receive a Survey in the mail. Please mail it back, even if it is just to tell us you were happy - we need to know! If you were unhappy with the care, also tell us on the survey.

After leaving the Emergency Department, follow the instructions below.

**INFORMATION THAT PERTAINS TO YOUR VISIT TODAY**

Please take the medications as directed. Follow-up with the urologist next week if you are not feeling better. Return to emergency department for any worsening pain fever vomiting or any other concerns.

Follow up with Private Physician in 4 Day (s)

Restrictions: Pt seen in the ER on 10/8/20.

**FINDINGS /RECOMMENDATIONS**

Epididymo-Orchitis

You have been diagnosed with epididymo-orchitis

Epididymo-Orchitis is a painful condition. It is often caused by infection or inflammation (swelling) of both the testicles and the tubes behind the testicles. Symptoms include pain in the testicles and lower abdomen (lower belly) that starts out gradually (slowly).

Epididymo-orchitis is treated with antibiotics and anti-inflammatory medicines. It is also treated with cool compresses. Scrotal support (a jock strap) sometimes helps to reduce pain.

It is VERY IMPORTANT to fill your prescriptions and finish all the antibiotics. You may start to feel better after a few days of antibiotics, but the infection may not be completely killed. An infection can come back if not fully treated.

Follow up with your regular doctor or urologist in the next week to make sure the symptoms are getting better.

**YOU SHOULD SEEK MEDICAL ATTENTION IMMEDIATELY, EITHER HERE OR AT THE NEAREST EMERGENCY DEPARTMENT, IF ANY OF THE FOLLOWING OCCURS:**

Increasing pain despite treatment.

Fever (temperature higher than 100.4°F / 38°C) after 2-3 days of antibiotics.

Lightheadedness or weakness.

Any other progressive or worsening symptoms or any other concerns.

Nausea (feeling sick), vomiting (throwing up), or unable to keep down fluids or antibiotics.



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## AFTER VISIT SUMMARY

**Yoel D. Gruen** MRN: F306891

4/29/2021 Mount Sinai West Emergency Department 212-523-6800

### Instructions

Your personalized instructions can be found at the end of this document.



#### Your medications have changed

- START taking:
  - alum-mag hydroxide-simeth (Maalox Advanced)
  - famotidine (Pepcid)

Review your updated medication list below.



#### Pick up these medications at Luna Park Pharmacy - Brooklyn, NY - 2875 West 8th St AT BTWN SHEEPSHEAD AND MILTON BERGER

alum-mag hydroxide-simeth • famotidine

Address: 2875 West 8th St Ste 2, Brooklyn NY 11224-3632  
Phone: 718-946-5444

### Today's Visit

You were seen by Christopher Hahn, MD and Kunal K Garg, MD

#### Reason for Visit

Abdominal Pain

#### Diagnoses

- Abdominal pain, right upper quadrant
- Chest pain, unspecified type

#### Medications Given

alum-mag hydroxide-simeth (MAALOX) Last given at 8:07 PM  
famotidine (PEPCID) Last given at 8:07 PM

### What's Next

You currently have no upcoming appointments scheduled.

Thank you for choosing the Emergency Department at Mt Sinai West. We hope your needs were met during your visit. Please consider enrolling for "Mt Sinai - my charts" for more information about your visit.

### Follow Up Instructions

In: 1 week

Follow up with: Your Primary Care Physician

Follow up with: Physician Referral Service - 866-811-7271

You should follow up with: G.I. clinic at 1000 10th Ave Winston 2N New York, NY 10019. Call 212-523-6056 for an appointment. Only seeing patients on Tuesdays from 8:30 AM - 12 PM.

You should follow up with: William F. Ryan Community Health Center located at 110 W 97th St, New York, NY 10025. Call (212) 749-1820 for an appointment. Seeing patients on Monday/Thursday 8:30 AM - 7 PM, Tuesday/Wednesday/Friday 8:30 AM - 4:30 PM & every other Saturday 9:30 AM - 1 PM except for July/August.

### MyChart Sign-Up

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

Go to <https://mychart.mountsinai.org/mychart/>, click "Sign Up Now", and enter your personal activation code: **S6HQC-9766M-DRSG9**. Activation code expires 6/28/2021.



2540 Ocean Avenue  
Brooklyn, NY 11229  
tel 718.615.4100  
fax 718.615.4111

**SINAI**  
**DIAGNOSTICS**  
& Interventional Radiology, P.C.  
www.theinaiagnostics.com

2071 Clove Road  
Staten Island, NY 10304  
tel 718.720.4400  
fax 718.720.4401

DATE OF EXAM: 06/24/2021

RE: PATIENT: GRUEN, YOEL

DOB: 11/03/1976

PT# 171834

Dear Dr. Isaac Krelzman:

**MRI OF THE LUMBAR SPINE:**

Patient Clinical History: Patient Medical History Unavailable

MRI examination of the lumbar spine was performed using multiplanar, multisequence imaging.

The study demonstrates normal vertebral body height. There is no vertebral compression fracture. Benign vertebral hemangioma is noted at L2 vertebral body posteriorly. Minimal 3mm anterolisthesis of L5 vertebral body is noted in relation to S1 level. Degenerative disc disease is noted at L5-S1 disc level with disc space narrowing and loss of intradiscal signal.

Examination of the individual disc levels as seen on axial and sagittal sections demonstrates circumferential disc bulge with mild to moderate bilateral neural foraminal disc herniations at L5-S1 disc level. The remaining disc levels of the lumbar spine demonstrate no focal disc herniation, central stenosis or foraminal compromise.

**IMPRESSION:**

Circumferential disc bulge with mild to moderate bilateral neural foraminal disc herniations at L5-S1 disc level. No fracture.

Sincerely,

Signed electronically by: Vadim Kolesnikov, MD - 6/28/2021 10:15:32 AM  
Vadim Kolesnikov, MD  
Board Certified Radiologist  
VK: CARNNS0001  
Job # 812517609501058

Signed electronically by: Vadim Kolesnikov, MD - 6/28/2021 10:15:33 AM



ANDREW M. CUOMO  
Governor

PA-197A  
ANN MARIE T. SULLIVAN, M.D.  
Commissioner

ROSANNE GAYLOR, M.D.  
Executive Director

Date: 3/24/2020

Re: Yoel Gruen

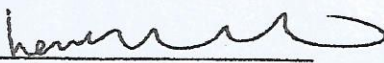
To Whom It May Concern:

The above-named individual, Mr. Yoel Gruen has been a resident at South Beach Psychiatric Center, Transitional Residence Living since 1/30/2019- to 11/27/2019 ( Inpatient) and from 11/27/2019 to 3/02/2020 Transitional Living Residence (TLR1) which is located at 777 Seaview Ave, Staten Island, New York 10305. For additional information, or if you have any questions, please call Ms. Lesa Cormack, Social Worker at (718) 667-2790.

Sincerely,

Lesla Cormack

Social Worker  
(718) 667-2790

  
Lesla Cormack, LMSW, CASAC